## INFINITY DANCE LLC REGISTRATION FORM

Student Name			
Student Name Date of Birth Dance experience	Age as of 11/01/24		
Dance experience			
If student is under the age of	18, please provide:		
Mother's Name			
Father's Name			
********	*********	*******	
Address			
Home Phone	Cell Phone		
Work Phone Which Phone Number is pref			
Which Phone Number is pref	ierred (check the box) Hom	ne 🗆 Cell 🗆 Work 🗆	
Email			
Emergency Contact Name/Phone			
Medical/Other Conditions (pl	ooso ovaloin)		
Medical/Other Conditions (pr	ease explain		
Dance Classes \$14 per class (Tuition cycle is 6 weeks)  Please fill in class informatio  Class Description	n below along with the tota	ll tuition amount due:	
•			
	Total Tuition Amount Due (Please add on Registrati		
<b></b>			
Signature		<del>-</del>	
(Parent must sign for those i	INDER IX VESTS OF SOE)		

Please make checks payable to *Infinity Dance LLC*. Please refer to the Tuition Policy on our website. By signing this form you agree to all of our policies as stated on our website. No student will be allowed to take class without a signed Registration Form, signed Photo and Video Release Form, and signed Waiver Form on file. Tuition payment in full must be received with this form.